

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046052	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/19/2014
NAME OF PROVIDER OR SUPPLIER BROOKDALE LEAWOOD STATE LINE		STREET ADDRESS, CITY, STATE, ZIP CODE 12724 STATELINE RD LEAWOOD, KS 66209		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following citation is the result of a Licensure Resurvey at the above named Residential Health Care Facility in Leawood, Kansas on 11/17/14, 11/18/14, and 11/19/14.	S 000		
S3092 SS=D	26-41-202 (d) Negotiated Service Agreement Revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly, if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident's legal representative, facility staff, the case manager, or, if agreed to by the resident or the resident's legal representative, the resident's family. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(d) The census equalled 32 the sample included three Residents. Based on observations, interviews, and reviews of record, for one of three sampled (#185), the Operator failed to ensure the review and if necessary revision of each negotiated service agreement if requested by the Resident or the Resident's family. Findings include:	S3092		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S3092	<p>Continued From page 1</p> <p>- Review of record revealed #185 admitted to facility 3/24/14 with diagnoses of Post-op Encephalopathy with mild dementia, Hypertension, Ataxia, Gait disturbance, and Degenerative joint disease.</p> <p>The current functional capacity screen of 9/11/14 assessed #185 in need of physical assistance with bathing, dressing, toileting, transfers, mobility; unable to perform medication and treatment management; with bladder incontinence, cognitive impairments, communication impairment, and falls/unsteadiness.</p> <p>The medical record contained an 8/01/14 Resident Log entry that #185 required the use of a mechanical lift... not standing well... home health and therapy notified... two persons needed for transfers...</p> <p>The medical record contained a 9/24/14 physician's order for knee high TED (thromboembolism-deterrent) hose, on in the morning, off at bedtime.</p> <p>The medical record contained a 9/26/14 Resident Log entry: "family member visiting... another Resident walked into room... family member would like #185's door shut and locked at all times..."</p> <p>The negotiated service agreement/health service plan (NSA/HSP) of 9/11/14 lacked these identified care and service needs.</p> <p>The NSA/HSP lacked the need or use of a mechanical lift for transfers of #185 due to non weight bearing.</p> <p>The NSA/HSP lacked revisions to address the addition of staff assistance with TED hose application and removal.</p> <p>The NSA/HSP lacked the family request for room</p>	S3092		

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S3092	<p>Continued From page 2</p> <p>door to be shut and locked to prevent unauthorized persons from entering uninvited.</p> <p>On 11/18/14 at 10:50am, during observations of staff assisted transfers and toileting with a mechanical sit to stand lift, #185 wearing short black socks and shoes, without TED hose in place.</p> <p>By interview on 11/18/14 at 10:50am, direct care staff #G and #H stated at times #185 will be combative and refuse the application of TED hose upon arising in the morning... #G and #H stated when that happens, we report it to the nurse at our stand up meeting and they chart it...</p> <p>By review, the November 2014 Treatment record documented the daily application and daily removal of the TED hose, including the application on 11/18/14.</p> <p>On 11/18/14 at 5:28pm, in the dining room, #185 without TED hose... observed slight edema of lower ankles and feet, with tops of shoes unzipped.</p> <p>By observations on 11/18/14 at 10:50am, 11:46am, and 5:25pm the #185's room accessible with door open and no one in the room.</p> <p>By interview on 11/18/14 1:10pm, Health and Wellness Director (HWD) confirmed the absence of mechanical lift on the NSA/HSP... stated when reported on 8/01/14 that staff using a mechanical lift at times, they were monitoring to see if therapy would help #185 improve enough to not need the lift, thus the delay in adding the mechanical lift to the NSA/HSP.</p> <p>HWD stated the TED hose should have been placed on the NSA/HSP in the dressing and</p>	S3092		

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S3092	Continued From page 3 grooming section... he/she added the TED hose at this time. HWD stated per facility protocol, would not leave the door closed and locked if #185 in the room because #185 a fall risk... however, if #185 out of room, door would be closed and locked per request. The Operator failed to ensure the review and revision of the NSA/HSP for #185 when changes in care needs and family requests prompted changes in services.	S3092		